DOCUMENT RESUME

ED 102 795 EC 071 559

TITLE	Special Education Guidelines.
INSTITUTION	Bureau of Indian Affairs (Dept. of Interior), Albuquerque, N. Mex.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	Nov 74
NOTE	31p.
EDRS PRICE	MF-$0.76 HC-$1.95 PLUS POSTAGE
DESCRIPTORS	Agency Role; *American Indians; Classification; Curriculum Design; Educational Accountability; Educational Diagnosis; Educational Objectives; Educational Philosophy; Exceptional Child Education; Gifted; *Guidelines; *Handicapped Children; Identification; Instructional Materials; Professional Personnel; Public Relations; *Special Education
IDENTIFIERS	Bureau of Indian Affairs

ABSTRACT

Provided are special education guidelines (revised 1974) for exceptional (handicapped or gifted) American Indian and Alaskan Native children from birth through age 25 years in schools operated by the Bureau of Indian Affairs (BIA). Reviewed are broad philosophical guidelines emphasizing individualized instruction, objectives such as decreasing school dropouts and providing biennial reevaluation, policies for special education support by local agencies and BIA central and area offices, and screening and assessment procedures which focus on such areas as early educational intervention and parental approval. It is stressed that the categorical descriptions and program placement suggestions offered are for administrative planning (not for labeling purposes) in the following areas of exceptionality: mental retardation, aural handicaps, speech-language impairment (including students with limited English), visual handicaps, social-emotional maladjustment, physical or health impairments, learning disabilities, multihandicaps, the homebound, and the gifted. Listed are preparation and duties of professional personnel, and general suggestions are offered in regard to curriculum and use of materials and equipment. Accountability is explored in terms of program structure, student analysis and appraisal, and assessment of objectives. Also mentioned is the need for public relations information efforts. (LH)

ED102795

Special Education Guidelines Bureau of Indian Affairs

UNITED STATES DEPARTMENT OF THE INTERIOR

Rogers C. B. Morton, Secretary

BUREAU OF INDIAN AFFAIRS

Morris Thompson, Commissioner
Dr. Clennon E. Sockey
Director of Indian Education Programs

INDIAN EDUCATION RESOURCES CENTER

Dr. William J. Benham
Administrator

DIVISION OF CONTINUING EDUCATION

Dr. Robert E. Hall, Chief
Max F. Harriger, Acting Deputy Chief
Dr. Frank N. Hall, Education Specialist

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

EC 071559

THESE GUIDELINES WERE ORIGINALLY DEVELOPED AND WRITTEN BY PARTICIPANTS OF THE BIA SPECIAL EDUCATION WORKSHOP, NATIONAL INDIAN TRAINING CENTER, BRIGHAM CITY, UTAH, IN JUNE, 1972. IN NOVEMBER, 1974, THE GUIDELINES WERE REVISED BY PARTICIPANTS AT A BIA WORKING CONFERENCE HELD IN SALT LAKE CITY, UTAH, AND SPONSORED BY THE BIA CENTRAL OFFICE IN ALBUQUERQUE THROUGH THE ROCKY MOUNTAIN REGIONAL RESOURCE CENTER.

This publication was prepared for use by BIA education personnel involved in special education. Correspondence concerning distribution and editorial content should be directed to:

Bureau of Indian Affairs
Division of Student Services
Special Education
Field Services Office
Box 1788
Albuquerque, New Mexico 87103
505 766-3351

This document was printed by the Rocky Mountain Regional Resource Center, Department of Special Education, University of Utah (OE Contract No. OEC-0-74-7893, Bureau of Education for the Handicapped). The revision and printing were performed pursuant to a contract with the Office of Education, U.S. Department of Health, Education and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent Office of Education position or policy.

4/5

Introduction

The guidelines contained in this document are a continuing effort by the Bureau to provide for the individual educational needs of all handicapped American Indian and Alaskan Native children. These guidelines were first developed in June 1972, in a meeting of Area representatives of Special Education. This updating and revisional work took place in Salt Lake City in November 1974, and represents the efforts of Area and Central Office representatives and selected consultants. The Bureau is indebted to the Rocky Mountain Regional Resource Center for its sponsorship of the meeting and for providing technical consultative service in formulating this document.

There have been meaningful and significant strides made in providing Special Education programs for handicapped children in Bureau of Indian Affairs schools during these past few years. The impetus for new programs and the ability to sustain them emanate from the Area and Agency offices of the Bureau. The Central Office recognizes this commitment to handicapped children and will continue to pursue the task of adjusting the administration of available resources to enable maximum responsiveness to the field.

One should keep in mind, when reading these guidelines, that the categorical statements of handicapping conditions are included only for administrative use as required and should not be interpreted as operational diagnostic labels.

Robert E. Hall, Ed. D.
Chief, Division of Continuing Education
(& Director of Special Education)

Table of Contents

Philosophy of Education 1

Objectives 3

Policy 5

Screening and Assessment 7

Categorical Descriptions 9

- Trainable Mentally Retarded 10
- Educable Mentally Retarded 11
- Hard of Hearing 12
- Deaf 13
- Speech/Language Impaired 14
- Blind and Partially Sighted 15
- Emotionally Disturbed 16
- Physically Impaired 17
- Learning Disabled 18
- Other Health Impaired 19
- Multihandicapped 20
- Homebound 21
- Gifted 22

Professional Personnel 23

Curriculum 27

Materials and Equipment 29

Accountability 31

General Public Information and Public Relations 33

Philosophy of Education

In order to offer quality education to all students in the schools operated by the Bureau of Indian Affairs (BIA), emphasis should be directed toward exceptional students who need special help to most fully achieve their academic, social and vocational capabilities.

Recent findings show that special education is not only socially and educationally sound, but also that it is good economic practice to provide the educational and training programs required by exceptional youth. Many of the students in BIA schools need help in making a successful educational and social adjustment and in developing learning proficiency in order to become independent, creative citizens.

Special education is an extension of practices and services growing out of the study and knowledge of individual differences. Although it is generally agreed that all children in our society have a right to equal educational opportunity, it is readily recognized that equal opportunity does not mean identical educational programs for all children. Special education attempts to individualize instruction, in so far as possible, to meet the differing needs due to the physical, mental or social characteristics of children who are handicapped. Essentially, BIA philosophy specifies that each individual is entitled to an education which will enable each person to achieve to the maximum of his/her abilities.

Objectives

An exceptional child is one who deviates intellectually, physically, socially, or emotionally so markedly from what is considered normal growth and development that the child cannot receive maximum benefit from a regular school program and requires a special class or supplementary attention and service.

The objectives of special education are the basis for the selection of content and learning experiences. These objectives will help focus the year's work and serve for evaluating progress. The overriding goal and the objectives for special education programs and services in the BIA are:

GOAL: To insure that each exceptional child, where BIA funding is involved, has the opportunity to develop into as self-sufficient and as contributing a member of his community as possible. Each child must be provided the opportunity to develop his/her personal, social and vocational skills to the fullest extent of his/her capabilities.

Objective 1: To decrease the number of exceptional students who drop out of school and increase the number of students who will be able to lead normal, productive lives as a result of special educational services.

Objective 2: To provide every exceptional person from birth through age 25 with a comprehensive educational program and services appropriate to his/her needs.

Objective 3: To insure the exceptional child's rights and the parent's/guardian's rights by:

a) providing the parent/guardian with all pertinent information concerning referral of the child
b) providing for a child-selected advocate
c) providing an Educational Planning and Placement Committee (EPPC) process
d) providing a comprehensive professional assessment of the child
e) obtaining parent/guardian approval of placement
f) assuring an EPPC reevaluation every two years or sooner upon request.

Objective 4: To prepare, at the area-office level, a comprehensive educational plan to insure the delivery of services to each identified exceptional child.

Objective 5: To assume responsibility, at the area-office level, for coordination and administration of comprehensive special education services.

Objective 6: To establish an organizational structure for delivery of special education programs and services.

Objective 7: To promote the understanding and acceptance of exceptional persons within the educational profession and by the community.

Objective 8: To develop an information system in order that parents will know what resources are available for exceptional persons and how to obtain these resources.

Objective 9: To involve, inform and advise the local community personnel of available special education services, the needs of the student, and the educational program.

Policy

I. Because of the concern for quality education within the Bureau of Indian Affairs, the **central office** with the **area offices** shall support local agencies by:
   A. Providing the authority to secure the services of competent personnel in order to establish a special education program with the following order of priorities regarding student placement:
      1. The exceptional student spends the maximum time possible in a regular classroom with:
         a. assistance for the teacher from a resource specialist; or
         b. individualized instruction for the student from a specialist, based on the student's needs.
      2. The exceptional student goes for part of the day to a specialist in a resource classroom.
      3. The student is assigned to a special classroom within the school.
      4. The students from a wide area are served by a special classroom on a day basis.
      5. Parent home-training programs are provided.
      6. Residential programs are considered only when the student cannot be served by the above alternatives.
   B. Preparing and establishing goals and/or objectives for exceptional children within the overall guidelines and policies of the Bureau of Indian Affairs Central Office.
   C. Providing categorical funding for special instruction to assist exceptional children.
   D. Making funds available for special education conferences and training for school boards, tribal leaders, and professional personnel.

II. The **local agencies** shall support special education by:
   A. Providing itinerant resource personnel to assist regular classroom teachers.
   B. Providing state-certified special classroom teachers to teach in their primary area of training.
   C. Providing necessary materials, equipment, supplies and transportation.
   D. Providing teacher aide personnel to assist the special education instructors.
   E. Providing classrooms that will meet the needs of the special education instructor and exceptional children.
   F. Securing parental approval for medical or psychological evaluations shortly after a child has been referred for special services.
   G. Establishing a committee at the agency level which will screen students who are referred by the classroom teachers and other educational personnel. Members of this committee shall be:
      1. referring classroom teacher
      2. receiving classroom teacher
      3. certified diagnostician
      4. administrator of referring program
      5. administrator of receiving program

9A

6. medical doctor, when inclusion of such is indicated by the specific anomaly of the child
7. a bilingual person familiar with the culture and language of the child
8. an advocate selected by the child/parent (or guardian).
9. Other personnel may include:
   a. social worker
   b. psychologist
   c. hearing and speech pathologist
   d. psychiatrist
   e. neurologist
   f. native practitioner.

H. Securing parental approval for placement of a child in a special class or program after recommendation by the screening committee for such placement.

I. Soliciting parental support for special programs, and encouraging parent participation in programs where possible.

J. Providing funds for contract services where those services are not available through regular BIA sources and where the needs of the special student warrant such services.

K. Obtaining an evaluation of a child as rigorous as the one for initial placement every two years, or sooner upon request. The evaluation shall consist of:
   a. medical evaluation
   b. teacher observations of behavior
   c. diagnostic instruments
   d. psychological and educational evaluation
   e. family history.

L. Basing placements of students in a special education class on the degree of impairment and type of disability. The class should consist of 6 to 15 students with the same primary learning disability, but in no case should the chronological age span exceed five years among members of a class.

Screening and Assessment

For BIA teachers and administrators to plan for and provide needed special education service to exceptional students, the students needing such services must first be identified by applying mutually understandable criteria. To meet the needs of these students, their degree of exceptionality must also be identified.

The time has passed when laymen and nonprofessionals may make independent and subjective judgments which affect a student's educational career. Recent lawsuits have been won by plaintiffs for many reasons: in Pennsylvania, schools were charged with providing an appropriate education for **all** handicapped students of school age; the schools were also instructed to follow due process procedures when a student is assigned to a special class or when placement changes are made within special education.[1]

In California, changes in placement procedures were ordered because some children were placed in special education classes for the mentally retarded; the court found that the children were not mentally retarded, but were "the victims of a testing procedure which fails to recognize their unfamiliarity with the white middle class cultural background and which ignores the learning experiences which they may have had in their homes."[2]

Recent guidelines from the Office for Civil Rights are also pertinent:

> "Where inability to speak and understand the English language excludes national origin-minority group children from effective participation in the educational program offered by a school district, the district must take affirmative steps to rectify the language deficiency in order to open its instructional program to these students... School districts must not assign national origin-minority group students to classes for the mentally retarded on the basis of criteria which essentially measure or evaluate English language skills..."[3]

Often identification of handicapped and/or exceptional children does not take place until the children enter school. Unless there are noticeable physical handicaps, the discrepancy in growth between these children and their peers often goes unnoticed until the children are in a more organized and structured environment, such as school. For this reason, all children should be screened at the earliest possible age and early educational intervention made as deemed necessary.

When a child appears to need special education programs or services, the following steps should be followed:

STEP I

A. Those people who are in close contact with children can be helpful in identifying those with physical and educational problems. Channels will be made available for referrals from contact people to the screening committee.

B. Parents or legal guardians should be contacted shortly after a referral to explain why the child was referred. Parental approval must be secured in writing for medical and

---

[1]Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania, 334 F. Supp. 1255 (E.D. Pa. 1971) and 343 F. Supp. 279 (E.D. Pa. 1972).

[2]Larry P. v. Riles, Civil No. C-71-2270 343 F. Supp. 1306 (N.D. Cal., 1972)

[3]*Federal Register*, 35, 139, July 18, 1970.

psychological evaluations.

STEP II

A. The committee, established at local agency levels, will screen students who are referred by classroom teachers, contact personnel or other educational personnel. Members of this committee shall be:
    1. referring person(s)
    2. receiving classroom teacher and/or resource personnel
    3. certified diagnostician
    4. medical doctor, if problem is medical
    5. administrator of referring program
    6. administrator of receiving program
    7. bilingual person from child's culture
    8. advocate selected by the child/parent (guardian)

B. A complete physical examination will be given to the child for vision, hearing, and/or other physical handicaps. All possible corrections should be facilitated for the child.

C. Individual psychological and/or educational evaluation should be completed for referred child.

STEP III

A. The screening committee shall meet and review medical and diagnostic evaluations. **They shall make recommendations for:**
    1. return to the regular classroom, or
    2. return to the regular classroom with resource assistance, or
    3. placement in a special classroom, or
    4. parent home-training program, or
    5. placement in a residential school.

B. Recommendations shall be forwarded to the educational program administrator.

C. Parents or guardians shall again be contacted, and an outline of needed programs with long-range and major objectives carefully explained to them. Their cooperation and participation in the project shall be solicited. Parental or guardian approval must be granted in writing before any student can be placed in a special program.

D. Approval from the agency educational program administrator or his/her delegated authority must be obtained before students are placed in a special program.

STEP IV

A. Mobility and screening should be the key for all placement of students in special programs at all times. Mobility will mean that a student should be placed in special programs for that portion of his school work where he needs specialized instruction. Placement in special classes or assignments to specialized programs should be reviewed frequently. Should it appear that an individual could function appropriately in a different educational setting, immediate steps to facilitate the placement should be effected.

Categorical Descriptions

The following are descriptions of behavioral characteristics which can be observed and/or measured. These descriptions are to be used only for placement guidelines and reporting procedures. Following each description is a suggested program placement to assist in planning so that each student can develop to his/her maximum potential.

These descriptions are not intended to label or point out children with handicaps, but are for administrative purposes ONLY.

Trainable Mentally Retarded

STUDENT DESCRIPTION:

Trainable mentally retarded children are those who, because of handicapped intellectual development (as determined by performance in an appropriate context), are unable to benefit through ordinary instruction or through special education programs designed for the educable mentally retarded, but who may be expected to progress by placement in a group setting designed to further their social adjustment and economic participation in their homes or in a sheltered environment.

PROGRAM PLACEMENT:

Where possible, six to eight of these students are to be placed in a classroom with a special education teacher and an aide so the students can remain with their families and in touch with their community and peers. Where specialized service cannot be provided, the student is to be referred through the Branch of Social Services for placement.

Educable Mentally Retarded

STUDENT DESCRIPTION:

Educable mentally retarded children are those who, because of retarded intellectual development, are incapable of being educated profitably and efficiently with the usual methods and instructional materials, but who may be expected to benefit from special education programs designed to help them adjust socially and achieve some degree of economic independence. Before placement, each student should have a performance evaluation to determine if he is able to function successfully within the regular classroom. Those able to function successfully within the regular classroom should remain there. Most educable mentally retarded persons, however, will not succeed in the regular school program, but can still make good social and vocational adjustments.

PROGRAM PLACEMENT:

Those students who can profit from a regular program with resource assistance should remain in the regular classroom. Only those students who are experiencing repeated failure and frustration in the regular classroom should be considered for placement in special programs, which generally are limited to a maximum of fifteen students. Students in these special programs should be given opportunities to participate in activities with other students. Subject matter should be included as a natural part of activities in and training for everyday living. Emphasis should be upon the goals of community social adjustment, economic usefulness, and academic skills as they apply to daily living. The programs for older exceptional children should particularly stress family, community, and job placement.

Hard of Hearing

STUDENT DESCRIPTION:

Children are considered hard of hearing if their hearing is functional for everyday purpose, but not sufficient for them to learn adequately in a regular classroom. These children generally have a loss of between 40 to 70 decibels (db), uncorrected, in their better ear.

PROGRAM PLACEMENT:

Where the loss of hearing is within 20 db in the better ear, the child should be expected to function normally whenever the teacher's face can be seen. Where the hearing loss is within 40 db, the child should be expected to function normally with the assistance of a speech and/or language therapist. Children whose hearing loss is 40 db or more require a hearing aid; such children will have a hearing aid provided. In any case a child who suffers a hearing loss should also be evaluated for speech difficulties by a speech therapist.

Deaf

STUDENT DESCRIPTION:

A deaf child is one whose hearing loss is so profound that speech cannot be learned through the auditory channels. These children have a loss of more than 70 db corrected, in their better ear. For a deaf child, a definitive diagnosis can be pronounced only by a physician or by an audiologist certified by the American Speech and Hearing Association.

PROGRAM PLACEMENT:

Children who became deaf after learning some speech may be placed in a special classroom to further develop their language and speech and to learn face-reading. They should be reevaluated periodically to determine their readiness to return to regular classrooms.

Those children who became deaf prior to the acquisition of speech development are to be referred to the educational program administrator for placement. Where 8 to 10 deaf children can be brought together on a day basis, a classroom can be established to provide for their special needs. Special classrooms for the deaf must be staffed with a certified teacher of the deaf.

Speech/Language Impaired

STUDENT DESCRIPTION:

The speech/language handicapped child is unable to learn efficiently due to either delayed or deviant development of language skills. This may be characterized by difficulties in listening and comprehending spoken language or problems in use of language. Evidence may be limited vocabulary or inability to sequence or to structure sounds and words properly. The speech handicapped child has a disability in the production of vocal language, demonstrated by deviations in articulation, fluency and voice.

PROGRAM PLACEMENT:

The speech impaired child is assigned to a regular classroom with prescriptive remediation provided by the speech therapist.

Exposure to and encouragement in developmental language skills that children use in the activities of daily living require a comprehensive approach to teaching and suggest the use of developmental language schedules in a functional context in lieu of isolated drill techniques.

A program of basic language skill development should be an integrated program, with a speech therapist providing additional help for those students having more severe language or speech problems. For those children having had very limited exposure to the English language due to individual background experiences, the speech therapist will collaborate with the classroom teacher to provide more intensive classroom remediation.

Blind and Partially Sighted

STUDENT DESCRIPTION:

Blind: The blind are those who have a central visual acuity of 20/200 or less in the better eye, after correction, or a peripheral field so restricted that the widest diameter of such field subtends an angular distance no greater than 20 degrees.

Partially sighted: Those with a central visual acuity between 20/70 and 20/200 in the better eye after correction. Partially sighted also includes those with serious, progressive eye disorders, and those suffering from diseases of the eye or diseases with muscle anomalies.

PROGRAM PLACEMENT:

Blind: The blind student may have to enter a residential program until such time as necessary social competencies are developed and a suitable level of skill mastered in using the Braillewriter, etc. After that, the blind student should be accepted into a regular classroom if satisfactory management arrangements can be made.

Partially sighted: The partially sighted student should have corrective lenses and arrangements made for repair of these lens. These students should be instructed within the regular classroom setting. Provisions should be made for: sight-saving editions of textbooks, appropriate classroom seating, large print worksheets, resource instructional personnel, etc.

Emotionally Disturbed

STUDENT DESCRIPTION:

The emotionally disturbed children and youth are defined as those of normal or above-normal learning potential whose emotional condition is such that participation in the normal activities of the school, learning at the expected level of the peer group, or ability to adjust and cope adequately with the surrounding society cannot be accomplished without special and intensive assistance. The person's behavior manifests a persistent failure to adjust and function intellectually, emotionally, and socially within a normal range of expectation. This student's behavior is frequently characterized by the acting out of undesirable attitudes or by flight and escape from what appear to be unbearable realities.

PROGRAM PLACEMENT:

The program for the socially and/or emotionally maladjusted student must be adapted to the total school program. This implies a group situation which maintains the best possible learning conditions for the socially and/or emotionally maladjusted students and provides the type of instruction suited to each pupil's educational development within his/her potential for achievement. Self-contained classrooms should not contain more than eight students. The program will require a special class or consultant personnel. Materials and methods should be oriented to the needs of the socially and/or emotionally maladjusted student.

Physically Impaired

STUDENT DESCRIPTION:

The physically impaired are those who, as a result of congenital or acquired impairments to the orthopedic system, bone, joint, or muscle, are handicapped to a degree that it is impossible for them to function on equal terms with students in the regular classroom. Severity of impairment may vary from minor inequality to such severity that the student is confined to a wheelchair. Such a child may be handicapped by cerebral palsy, polio, muscular dystrophy, heart condition, or be otherwise physically handicapped.

PROGRAM PLACEMENT:

The school's responsibility to these children is to provide an integrated program which will promote the total development of each child. Special services for these students may be physical therapy, occupational therapy, and/or academic specialized instruction. For the severely impaired, facilities are to be modified as necessary to permit them to participate in the regular school program with maximum feelings of independence.

Learning Disabled

STUDENT DESCRIPTION:

Children with learning disabilities are those who have near-average, average, or above-average intelligence, who are not emotionally or socially maladjusted and do not have sensory impairments, who have received competent instruction yet are not able to learn in a certain area. A child with a specific learning disability exhibits a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. Disorders may manifest themselves in imperfect ability to listen, think, speak, read, write, spell, or solve mathematical problems.

PROGRAM PLACEMENT:

The instructional program for these children should be geared to the particular learning problems of each child. Materials should be prepared or purchased on the basis of the child's particular learning disability. A prescription for the student's class and out-of-class activities should be designed in a conference with all the adults who work with the student. Each adult who deals with a learning disabled student should be required to keep a diary record of the student's progress while under his supervision.

Other Health Impaired

STUDENT DESCRIPTION:

A student is health impaired when suffering from a condition or disease which impairs ability to function and/or compete on equal terms with the other students in a regular classroom. By definition, this is a broad category and cannot be all inclusive. Some general headings are:

a. neurologically impaired
b. organic-related health impaired
c. circulatory and cardiovascular impairments
d. malnutrition
e. other causes

Children with diabetes, epilepsy, or leukemia would fall in one of these categories.

PROGRAM PLACEMENT:

Within certain restrictions prescribed by competent medical authorities, the health-impaired student can function in all or most of the program of the regular classroom. In the more severe instances, cooperative planning of an individualized, prescriptive program should be developed and implemented by the parent, physician, teacher, school administrator, special teachers and social workers.

Multihandicapped

STUDENT DESCRIPTION:

A multihandicapped child has more than one handicap; characteristics may include severe behavior, language, cognitive, perceptual or language problems. The combination of handicaps may include mental retardation, an emotional handicap, loss of vision or hearing and/or physical handicaps.

PROGRAM PLACEMENT:

Where possible, six to eight of these students are to be placed in a classroom with a special education teacher and an aide so the students can remain with their families and in touch with their community and peers. Where specialized service cannot be provided, the student is to be referred through the Branch of Social Services for placement.

Homebound

STUDENT DESCRIPTION:

The homebound and hospitalized teaching program is designed to provide educational services for children who have been certified by a physician as being physically unable to attend school due to a noncontagious physical disability. In most cases the child may be accepted for instruction if the estimated period of incapacity is to be six weeks or longer.

PROGRAM PLACEMENT:

Whenever possible, the teacher of the homebound and the hospitalized student will follow the curriculum offerings of the classrooms to which the child will be returning.

Gifted

STUDENT DESCRIPTION:

The gifted and talented child has outstanding abilities and is capable of high performance in a given field of endeavor. Such children, to reach their full potential, require differentiated educational programs or services beyond those normally available through regular school programs.

PROGRAM PLACEMENT:

The school's responsibility is to see that teaching strategies are designed and implemented to emphasize development of the multi-dimensional mental processes of the gifted student. This student may need consultant services and/or special activities which will have significant impact on educational progress.

Professional Personnel

Special education students may be served by the following personnel:

TEACHERS

1. Special education classroom teacher: teaches in a self-contained or resource room.
2. Resource teacher: selects, develops and uses appropriate materials to complement the regular classroom program.
3. Prescriptive teacher: develops individual student curriculum for implementation in the regular classroom and/or special program.
4. Crisis teacher: highly qualified individual who assists education, social service or medical personnel when there is an urgent student problem—educational, social, emotional or physical.
5. Regular classroom teacher: serves some special education students for part or most of the day; resource teacher and/or other special education personnel will provide curricular or other help to regular classroom teacher for exceptional students.

ADMINISTRATORS:

Local and area administrators plan overall services needed by special education students; must be aware of needs, available resources and service gaps, and plan to provide equal educational opportunity for all students.

SPEECH THERAPIST:

A resource person to assist in the development of oral communication skills of students with defective speech articulation, interruptions, disorders, etc.

SPECIAL EDUCATION TEACHER AIDES

1. Academic
2. Record keeping

CONSULTANT PERSONNEL

1. Social service personnel
2. Medical personnel
3. Psychologists
4. Hearing and speech pathologists
5. Psychiatrists
6. Neurologists
7. Native practitioners

General teacher preparation for exceptional children should include:

1. A bachelor's degree from a recognized college in elementary or secondary education with a practicum in teaching exceptional children.
2. Background courses related to the general field of special education, e.g., Psychology

and Education of Exceptional Children, Tests and Measurements for Exceptional Children.

3. Professional preparation in a specialized area with certification from the state agency for teaching in the assigned categorical area. The sequence of preparatory courses should include (a) characteristics of exceptional children; (b) theories and methods of teaching; and (c) student teaching. The courses should be in the area of exceptionality in which the teacher is to be employed.

Teacher Duties: Teachers employed to instruct handicapped and exceptional children will be expected to:

1. Understand the characteristics of the exceptional child and his/her place in society
2. Develop a functional curriculum that relates to the broad personal and social needs of the exceptional child
3. Understand and apply educational procedures based on an understanding of the known learning characteristics of the exceptional child
4. Select, develop and use appropriate instructional materials and equipment in teaching the exceptional child
5. Select objectives
6. Evaluate individual programs developed for exceptional students
7. Evaluate student progress
8. Orient the aide(s) in all duties that are necessary in working with exceptional children.

Duties of the Speech Therapist: The speech therapist:

1. Will work with children who have the following disorders:
   a. Articulation problems such as omission or substitution of sounds
   b. Noticeable and repeated speech interruptions even when continuous speaking is intended, or repetition of sounds, words, phrases, or sentences
   c. Speech disorders associated with cleft palate, hearing impairment or cerebral palsy
   d. Poor comprehension and expression of oral English due to language confusion, exposure to substandard English, or auditory perceptual problems
   e. meaningless jargon or no speech at all
   f. Stuttering
2. Will work with parents and teachers to help them understand the nature of the child's speech defect and how it can be corrected.
3. Will work with kindergarten and primary grade teachers in general programs to teach correct articulation.

Guidelines for hiring aides:

1. Aides should be placed in rooms where they have no immediate family members.
2. Aides should have a minimum of high school or General Education Development (GED) equivalent.
3. Preference will be given to individuals who have had successful experience working

with children.

Duties of the Aide: Under the direct supervision of the teacher, the aide should:

1. Work in small groups or on a one-to-one basis with children.
2. Prepare visual aids.
3. Prepare, arrange and set up games, activities and necessary instructional materials.
4. Assist children with learning activities.
5. Assist the teacher in supervising noninstructional activities, i.e., bathroom, lunch, recess, records, etc.

Curriculum

Special education is not a separate academic discipline with its own discrete curriculum and methods. Instead, special education is based on modification of regular programs and curricula to meet pupils' unique needs as specified in individual prescriptions. State curriculum guides for special education are available from state departments of public instruction; these guides contain comprehensive curricula and list commercial materials that are appropriate for application to specific areas within special education.

It is suggested that each area and agency establish a curriculum committee to develop and/or adapt a curriculum to meet the local student needs.

Materials and Equipment

Teachers are urged to requisition only those materials and equipment that can be put to immediate use. The deciding factor for teachers in selecting materials is the ability of the teacher to use the material and the readiness of the students to profit from their use. The teacher should learn to use materials that students need.

Teachers should feel free to adapt and apply materials on an experimental basis in order to fill some of the gaps in materials for classes for exceptional children. As a guide, teachers have both past experiences with equipment as well as the manifest learning behavior of the children in the learning situation. The teacher should stay alert to the possibility of materials inhibiting or interfering with learning.

In the final analysis, equipment and materials are auxiliary to learning. Equipment and materials cannot take the place of comprehensive planning and sound consistent teaching methods.

Accountability

Properly used, accountability or evaluation is the aspect of any system which allows the system to grow in a positive direction. Evaluation compares the results of any particular action with what it was meant to accomplish, and then suggests how the next effort may be improved. Evaluation's real impact lies not in reporting the end result of a program, but in allowing for positive corrections to the course of that program or to the improvement of programs to follow. Such evaluation feedback must continually be applied to the overall learning situation if it is to remain viable.

Evaluation must deal with the curriculum and with the teaching procedures used to arrive at the objectives set by the curriculum. Although these may vary widely from student to student, teachers will soon build repertories of effective techniques which will enhance their teaching. Essentially, teachers have learned to observe students and to vary procedures in order to establish the particular conditions within which students may learn. The critical element is the teacher and not the materials or techniques. Certain techniques may lend themselves more easily to a diagnostic teaching procedure, but it is a mistake to assume that the brightest or newest materials can substitute for the procedure.

Adequate evaluation requires that students and parents be involved with school personnel in the program evaluation, listing who is involved, dates and time involved.

To accurately assess special education programs, the following areas must be considered: a) curriculum content; b) curriculum objectives; c) teacher methods; d) teacher behavior; e) student behavior; f) administrative support; g) community support.

Overall evaluation will examine in depth the following areas:

1. Program structure: This includes assessment of the program organization, special education personnel, equipment, materials and supplies, facilities, location of the special education services in relation to peer groups, and evaluation of change in the exceptional students.
2. Student analysis and appraisal: Where feasible this evaluation is designed to assess the classroom procedures, and explain what is happening to the students involved in the program.
3. Assessment of objectives: Are the following criteria being met?
   a. Are the individual student's educational objectives stated?
   b. Is the program meeting its objectives?
   c. How are the modifications measured for each student?
   d. Do formal evaluations with diagnostic documentations use instruments appropriate to the students and to their ethnic backgrounds?
   e. Are informal assessments by teacher and aide of day-to-day observations a part of the ongoing program to elicit the student's best performance?
   f. Are teacher-made tests developed to measure a child's performance in specific skills?
   g. Is a daily log of informal assessments kept for each child?

General Public Information and Public Relations

One of the aims of special education programs and services is to enable the exceptional person to function within the community. For integration to succeed, both the exceptional person and the community must be prepared. Special education programs prepare the student for integration into the community. An organized effort is needed to raise community awareness of the needs of exceptional students and of services provided through special programs. The Bureau of Indian Affairs Area Office and local agencies should:

1. Prepare informational materials, brochures, pamphlets, etc., to inform the general public of the needs of students and services offered through special programs.
2. Prepare periodic releases for the news media concerning special education programs and services.
3. Invite and encourage members of the community to visit special education personnel and programs.
4. Inform, involve, and advise the school boards and local tribal leaders as to the need and objectives of the special education programs.